

## SECTION FIVE CERTIFIED STAFF LIST For

**\*\*Students placed through the IEP process (all day school students and RTC IEPs) must be served with a student-teacher ratio no greater 12-1 with a paraprofessional\*\***

Name of Teacher	Special Education Certifications Held (Check all that apply)	Certificate Number	Expiration Date	Change	Date of Change	Administrator Initials
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
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Add additional pages as needed

**Staffing additions or deletions made throughout the year must be submitted on this form within 10 days of any change.**